



SUMTER CITY~COUNTY PLANNING COMMISSION

POST OFFICE BOX 1449
SUMTER, SOUTH CAROLINA 29151
(803) 774-1660



APPLICATION FOR ZONING RECLASSIFICATION ☐ CITY ☐ COUNTY

Applicant's Name _____

Applicant's Address _____

Street

Phone _____

City

State

Zip

Applicant's E-mail _____

Owner's Name

(This must be filled in)

Owner's Address

(This must be filled in)

Street

Phone _____

City

State

Zip

Tax Map No. _____ **Size of Parcel(s)** _____

Property Location _____

Present Zoning/Use _____ **Proposed Zoning/Use** _____

Is this tract or parcel restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity described in this permit? ☐ Yes ☐ No

Use of Adjacent Property *North* _____ *East* _____

South _____ *West* _____

Size of Development _____

Remarks _____

Applicant / Agent Signature

Date

CERTIFICATION

I hereby certify that I have read this application and the information supplied herein is true and correct to the best of my knowledge. I agree to comply with all applicable City and/or County Ordinances and State Laws related to land development. I am the property owner, or have received the owner's written authorization to act as his/her agent regarding this matter. I understand that falsifying any information herein may result in nullification of this request and/or appropriate legal remedies.

Property Owner or Authorized Agent Name, Signature and Date

APPLICATION MUST:

- ◆ Be submitted 22 days prior to next scheduled Planning Commission meeting
- ◆ Include a detailed site plan
- ◆ Include building plans of the proposed development
- ◆ Include an application fee of \$250 (City) or \$100.00 (County)

OFFICE USE:

Date Fee Paid _____

Reviewed By _____

Amount Paid _____

Meeting Date _____